AFFIDAVIT IN COMPLIANCE WITH IC 22-5-1.7-11

The undersigned, to comply	with the requireme	ents of Indiana Code 22-5-1.7-11, affirms that
	has	enrolled and is participating in the E-Verify
(Insert Company Name)		
program (as defined in India	na Code 22-5-1.7-	3) and does not knowingly employ an authorized
alien.		
Dated:		
	Pt	rinted Name:
	T	tle:
	C	ompany:
	A	ddress:
STATE OF)	
STATE OF)SS:	
COUNTY OF)	
Before me, a Notary	Public in and for s	aid County and State, personally appeared
(Name)	as (Title)	of (Company)
		ing instrument, and who, having been duly sworn,
stated that any representation	ns therein containe	
My Commission Expires:	Signature:	
	Printed:	
County of Residence:	N	OTARY PUBLIC